

My medical record



My own Dr. _____ gave me immunization for-

Diphtheria

Whooping cough

Tetanus

Smallpox

Polio

_____ /9____
 _____ /9____
 _____ /9____
 _____ /9____
 _____ /9____
 _____ /9____
 _____ /9____
 _____ /9____

and I had to see him for the following care:

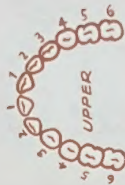
My dental record-



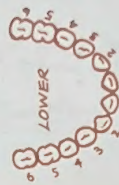
I cut my first tooth on _____ /9____

with others following:

_____ /9____
 _____ /9____
 _____ /9____



UPPER



LOWER

I lost my first tooth on _____ /9____

with others following:

_____ /9____
 _____ /9____

I had my first permanent tooth on _____ /9____

I saw my dentist Dr. _____ on _____ /9____ and he said: